

☐ Alfred ☐ Sandringham ☐ Caulfield

REGISTER YOUR INTEREST FOR THE NGAMAI WILAM PROGRAM

Last name*		First name/s*		Date of birth*	
------------	--	---------------	--	----------------	--

*mandatory fields

- Download this Registration of Interest
- Complete electronically (*not hand-written*)
- Email to: ngamaiwilamreferral@alfred.org.au

IS NGAMAI WILAM THE RIGHT PLACE FOR ME?

Ngamai Wilam provides a healing place where individuals can work to overcome challenges in relationship to food and eating, and the impact these challenges have on their lives. Ngamai Wilam may be right for you when other intensive community programs have not been able to meet your needs.

Please review the information on the website <https://www.alfredhealth.org.au/services/ngamai-wilam> and consider whether the program and setting available at Ngamai Wilam fits your hopes and needs.

Ngamai Wilam is a residential home-like environment which allows for shared responsibility and mutual support. We recommend that participants can join the program for at least 30 days or more, with most staying for the full 12-week program.

At Ngamai Wilam, participants will have access to a variety of support and therapy. This will include nutritional care, structured groups, individual therapy, and recreational activities. Each participant will have their own individualised plan centred around their unique situation and hopes. We like to involve all the professional and personal support people in a participant's life and believe in helping someone feel confident and able to continue with their recovery following the program.

Once we receive your registration of interest, we will contact you to discuss next steps. You are welcome to contact us on 03 9279 9194 if you require further information.

TELL US A LITTLE ABOUT YOURSELF

Pronouns							
Sex at birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		<i>We are aware this question may cause offense for some people. If you choose not to answer it, your medical record will record you as "other".</i>				
Gender identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not stated <input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> Non binary <input type="checkbox"/> Different term				
Address							
Telephone				Email			
Medicare No		Reference No		Expiry		NDIS No	
Do you have Ambulance cover?	<input type="checkbox"/> No <input type="checkbox"/> Yes, what is the number?						
Country of birth							
What is the main language spoken at home?							
What is your cultural / ethnic background?							
Do you identify as part of the LGBTIQ+ community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say						

☐ Alfred ☐ Sandringham ☐ Caulfield

REGISTER YOUR INTEREST FOR THE NGAMAI WILAM PROGRAM

Last name*		First name/s*		Date of birth*	
Do you identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Torres Strait Islander not Aboriginal <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Aboriginal not Torres Strait Islander <input type="checkbox"/> Not specified				
Alternative Contact Person name		Relationship			
		Telephone			
Are there other services currently involved in your care? Add details (eg, NDIS)					
GP Name					
GP Address					
GP Telephone / email					
Are there other treating / health practitioners involved in your care? Eg, dietitian, psychologist, psychiatrist					

TELL US MORE

Have you read the suitability criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is in your current support network?	
How would you describe your relationship with food? Does this worry you?	
Is your relationship with food and eating getting in the way of your life? If so, in what way?	
What would you like to be different about your current eating?	
Why are you interested in participating in Ngamai Wilam, and what are your hopes for the outcomes of your stay?	
Who are the important people in your life that you have discussed this program with?	

☐ Alfred ☐ Sandringham ☐ Caulfield

REGISTER YOUR INTEREST FOR THE NGAMAI WILAM PROGRAM

Last name*		First name/s*		Date of birth*	
------------	--	---------------	--	----------------	--

The program involves living with other people, participating in group work and eating meals together. The environment is a drug, alcohol and smoke free environment.

Are there things that you struggle with that might make it hard for you to participate in the program?

Can you tell us about your past treatment and what your current treatment looks like?

Have you required hospital care in the past and if so, when was the most recent stay?

Is there anything else you think we should know?

Once we have received your Registration of Interest, we will contact you within seven days, to advise the next steps on the pathway to the Ngamai Wilam program.

Thank you